His Excellency Mr Ban Ki-moon
Secretary General
United Nations
New York, NY 10017

Thursday 27 September 2012

Dear Mr Secretary-General

NGO Concerns about the proposal for a Global Coordination Platform on NCDs.

We are sending this letter on behalf of over 40 public interest NGOs and networks who have been working for many years to reduce the incidence of non-communicable diseases (NCDs) and to assist governments in their deliberations on how best to control this problem.

We are united in our efforts to protect public health policy setting from undue commercial influence. We therefore feel compelled to explain our concerns about a proposal by the NCD Alliance ¹ that a 'Global Coordinating Platform,' ² that includes the private sector as a partner, should lead action on NCDs.

We believe that any strategy that envisages businesses (or their front organisations) with a financial interest in the outcome taking a lead or being a 'Partner' with the UN or governments in the development of policies or action in this area, sends entirely the wrong message and risks undermining Member States efforts to protect public health. This is because the prevention and control of NCDs is often hampered, if not caused, by the marketing activities of tobacco, food, alcohol and sometimes pharmaceutical industries, whose primary goals can conflict with effective disease prevention and control measures.

So while we strongly support the health in all policies principle and appreciate the attention paid by the UN system to this issue we hope you will ensure that the global response to NCDs is protected from such vested interests, interests which Member States must inevitably address at country and regional level.

¹ Letter from NCD Alliance 19th September 2012

² Public Private Partnerships and Platforms involving the food and related industries are ineffective because:
   - industry dominates the debate and diverts attention from ongoing irresponsible marketing practices
   - consensus can never be reached on the most effective policies such as the regulation of marketing
   - there is a 'lowering of the bar' with undue emphasis on voluntary initiatives, self-regulation, self-monitoring (according to industry's own criteria) and industry-funded 'lifestyle' educational activities
   - the pressure to form partnerships between public health NGOs and the private sector threatens the independence and watchdog role of the NGOs
Our concern about Platforms and Partnerships with the Private Sector would remain even if they were to have a separate independent governing board. The risks are unlikely to be overcome by ‘good governance’ precisely because partnerships are not ‘governed’. They are, by definition, an arrangement for shared governance to achieve shared goals. The terms ‘Interactions with the Private Sector’ or ‘Public Private Relations’ are much more helpful, especially when they are used descriptively, for example ‘corporations funding government programmes’, ‘government funding corporate initiatives’, ‘discussion fora’, ‘government setting targets for corporations’, ‘corporations making commitments’ etc.

After much discussion at the UN last year, the follow-up action, described in Para 64 of the Political Declaration on the Prevention and Control of Non-communicable Diseases, did not include collaboration with the private sector. Member States have since called many times for public health to be safeguarded ‘from any potential conflicts of interest’ so that the “norms, standards, policies and strategies” which lie at the heart of WHO’s work, can continue to be based on the systematic use of evidence and protected from influence by any form of vested interest.

So while we respect the work that the NCD Alliance has done to highlight the importance of NCDs, we felt we should make it clear that its position on the private sector is not shared by many NGOs working on NCDs. Part of the problem could be that one of the three aims of its Supporters Group has been to “validate and support the critical role of companies, across a broad variety of sectors, as value-adding partners to governments, civil society and other stakeholders.”

Many of the endorsers of this letter are also members of the Conflict of Interest Coalition, whose Statement of Concern has been endorsed by 161 groups, alliances and networks, representing approximately 2,000 health and citizens groups on six continents. The statement calls for a clear distinction to be made between business-interest not-for-profit organisations (BINGOs) and public interest non-governmental organisations (PINGOs) and a clear differentiation between the development of policies, norms and standards and appropriate and properly managed involvement of the private sector in implementation.

We respectfully offer our support in the efforts to control NCDs and hope that our concerns will be given due consideration. We would be more that happy to meet to discuss them if this was considered possible.

Joyce Chanetsa: IBFAN Africa and Chair IBFAN Global Council

Patti Rundall, Baby Milk Action, IBFAN Global Council, UK

On behalf of the organisations and networks listed overleaf:

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3 Statement of the NCD Alliance Supporters Group in Relation to the September 2011 UN High-Level Meeting on Non-Communicable Diseases (NCDs) http://ncdalliance.org/sites/default/files/rfiles/Statement%20of%20the%20NCD%20Alliance%20Supporters%20Group%20(9%20June%202011).pdf

4 The Conflict of Interest Coalition was established during the Civil Society Hearing on NCDs at the UN in June 2011 http://coicoalition.blogspot.com
cc: Dr Margaret Chan, Director-General, WHO  
    Dr Oleg Chestnov, Assistant Director-General, NCDs and Mental Health, WHO  
    Anthony Lake, Executive Director, UNICEF  
    Olivier de Schutter, Special Rapporteur on the Right to Food

1. Actis – Norwegian Policy Network on Alcohol and Drugs  
2. ACTIVE International  
3. Alcohol Policy Youth Network (Slovenia)  
4. Anti Drug Abuse Association of Lesotho  
5. Asha Parivar (India)  
6. Association of Consumer Food Organisations  
7. Association of Breastfeeding Mothers (UK)  
8. Association for Improvements in the Maternity Services (AIMS)  
9. Blue Cross Norway  
10. Breastfeeding Promotion Network (India)  
11. Centre for Science in the Public Interest (Canada)  
12. Center for Science in the Public Interest (USA)  
13. Sustain Children’s Food Bill (UK)  
14. Corporate Accountability International  
15. El Poder del Consumidor (Mexico)  
16. Environmental Rights Action/ Friends of the Earth Nigeria (ERA/FoEN)  
17. The European Alcohol Policy Alliance (EUROCARE)  
18. First Steps Nutrition Trust  
19. Global Alcohol Policy Alliance (GAPA)  
20. Health Action International (Global)  
21. Health Action International (Europe)  
22. Health Action International (Africa)  
23. Health Action International (Asia Pacific)  
24. Health Innovation in Practice  
25. Heart of Mersey (Cardiovascular Health Charity)  
26. International Baby Food Action Network (IBFAN)  
27. International Code Documentation Centre  
28. International Insulin Foundation  
29. IOGT International  
30. Iniitiative Liewensufank  
31. Indian Alcohol Policy Alliance  
32. Lactation Consultants of Great Britain  
33. Mahal Kita Kaibigan, Inc. Philippines  
34. Medicus Mundi International Network  
35. MEDSIN-UK  
36. Midwives Information & Resource Service (MIDIRS)  
37. National Childbirth Trust  
38. No Excuse Slovenia  
39. VALD Ghana  
40. World Public Health Nutrition Association  
41. World Alliance for Breastfeeding Action  
42. World Association of Clubs of Alcoholics in Treatment  
43. Zambia Consumers Association